

1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203 or
 1-800-416-5289
 e-mail: Transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. ○ If transfer, complete Attachment A.	same
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	same
Plus,	
<input checked="" type="checkbox"/> Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.	
Total number of vehicles to be operated <u> 1 </u> x \$25 per vehicle	= <u>\$25.00</u>
Total due (\$200, plus, \$25 per vehicle)	= <u>\$225.00</u>
<input type="checkbox"/> Name Change - WAC <u>480-30-146</u>	\$ 35.00
Application to change a company's corporate name, change a trade name, add a new trade name or change the surname of an individual owner or partner.	
***Please also complete the Type of Payment page.	
# 012379	

(For Official Use Only) 111 0268 232 01	Company ID: <u>M 27563</u>	Docket TE-
111 0268 232 02	Date Filed: <u>11/18/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>X 1</u>	Insurance: <u>Jaime</u>
111 0268	DOL: <u>aw</u>	SOS:
Receipt ID:	Payment ID:	CH -

SECTION 1 – APPLICANT INFORMATION

Legal Name: Renzenberger, Inc

The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): _____

Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street <u>14325 W 95 St</u>	Street <u>14325 W 95 St</u>
City <u>Lenexa</u>	City <u>Lenexa</u>
<u>KS, 66215</u>	
State/Zip _____	State/Zip <u>KS, 66215</u>

Phone Number: 913-890-6216

Fax Number: 800-266-2142

UBI #: 603-443-013 *DR*

E-Mail: CDUFFY@renzenberger.com

Type of business structure:

- Individual
 Partnership
 Corporation
 Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Halcon Crew Transport, Inc.</u>	<u>(U.S. entity- Delaware C corp)</u>	<u>100%</u>

See attachment for Officers & Directors

List other certificates or permits held with the commission: _____

USDOT # 210768 *DR* If you don't have a USDOT # go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>KS 619697</u>	<u>2013 GMC Yukon</u>	<u>16K52KE79-</u>	<u>8</u>
		<u>DR 288580</u>	

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Char Duffy

Position: Risk Manager

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Frank Homan

Position: CFO

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Sandy Walker

Position: Chief Administrative Officer

SECTION 4 – DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Char Duffy

Signature of applicant 

Date 10/31/2014 County, State Lenexa, KS

Business Structure Attachment

Renzenberger, Inc. Officers and Directors:

<u>Name</u>	<u>Position</u>	<u>Address</u>
Anton G. Plut,	President,	14325 W 95 St, Lenexa, KS 66215
A. Andrew Levison,	Vice President/Treasurer	14325 W 95 St, Lenexa, KS 66215
William H. James,	Vice President/Secretary	14325 W 95 St, Lenexa, KS 66215
Philip E. Simco,	Vice President, Operations	14325 W 95 St, Lenexa, KS 66215

Form E

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the ACE American Insurance Company
(Name of Company)
(herein after called Company) of 436 Walnut Street, Philadelphia, PA, 19106
(Home Address of Company)

has issued to Renzenberger, Inc. of 1300 S. Evergreen Park D, P.O. Box 47260
(Name of Motor Carrier) (Address of Motor Carrier)
Olympia, WA, 98504-7260

A policy or policies of insurance effective from 11/12/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 436 Walnut Street This 10th day of Nov 20 14
Philadelphia (Address) PA 19106 (Day) (Month) (Year)

Insurance Company File No. ISA H08828490 Virginia Boyles
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :5,000,000.00

7001: 2013 GMC YUKON

Vehicle Number	7001	Location	04A - USED UNASSIGNED
Make	GMC	Purchase Date	09/23/2014
Model	YUKON	Purchase Price	31,400.00
Year	2013		
VIN	1GKS2KE79DR288580		
Status	Active		

Registration Details

Registered State	Kansas
Tag Number	619697
Registration Expiration	12/31/2014

Additional Details

Max Passengers	8	Chassis Deflector	No
Current Odometer	41,200	DSN Number	0
Redline	No	Deer Guard	No
Auto Calibrate Van	No	Propane	No
BNSF Safety Toolbox	No	Red/White Panel	No
		Yellow/Black Diag	No

vehicle registration 7001



**Kansas Department of Revenue
COMMERCIAL MOTOR VEHICLE OFFICE**

915 SW Harrison Room 150
Topeka KS 66612
Phone: (785) 296-6541
www.truckingks.org

KANSAS CMV REGISTRATION CAB CARD

REGISTRATION INFORMATION

Account : 900744 Expiration Date : PERMANENT Enforcement : PERMANENT Supplement # : 28 KS Gross Weight : 12000

REGISTRANT INFORMATION

RENZENBERGER INC

14325 W 95TH ST
LENEXA KS 66215

Carrier Type : Commercial Vehicle

Plate No: 619697
Fleet : 001
Unit : 7001

Vehicle Information

VIN : 1GKS2KE79DR288580
Fuel : Gas
Empty Weight : 5700

Year : 2013
Type : TK
Seats : 0

Make : GMC
Color : SI
Axles : 2

MOTOR CARRIER RESPONSIBLE FOR
SAFETY USDOT Number : 000210768

RENZENBERGER INC
14325 W 95TH STREET
LENEXA KS 66215-5210



NATIONWIDE FLEET SERVICES INC.
 882 EAST SEMORAN BLVD
 APOPKA FL 32703
 (407)880-4141

DealerCAP

#7001

RETAIL PURCHASE AGREEMENT

Deal Number: 3230252
 Purchaser's Name(s): RENZENBERGER INC Date: 09/26/2014
 Address: 14325 W. 95TH ST Lenexa KS 66215 County: Johnson
(Street Address, City, State and Zip Code)
 Home Telephone: (913)890-6155 Work Telephone: _____ DOB: _____
 E-Mail Address: _____ D.L./State I.D.#: 48-0986342 Issuing State: _____ Exp. Date: _____

The above information has been requested so that we may verify your identity. By signing below, you represent that you are at least 18 years of age and have authority to enter into this Agreement. The Odometer Reading for the Vehicle you are purchasing is accurate unless indicated otherwise. Please refer to the Federal Mileage Statement for full disclosure.

YEAR 2013	MAKE GMC	MODEL Yukon XL	COLOR Quicksilver Meta	STOCK NO. 38705	
VIN/SERIAL NO. 1GKS2KE79DR288580		ODOMETER READING <input type="checkbox"/> Not Accurate 41200	SALESPERSON		
THE VEHICLE IS: <input type="checkbox"/> NEW <input type="checkbox"/> USED		PRIOR USE DISCLOSURE: <input type="checkbox"/> DEMONSTRATOR <input type="checkbox"/> PREVIOUSLY LEASED <input type="checkbox"/> EXECUTIVE VEHICLE <input type="checkbox"/> REBUILT			
WARRANTY STATEMENT					
We are selling this Vehicle to you AS-IS and we expressly disclaim all warranties, express and implied, including any implied warranties of merchantability and fitness for a particular purpose, unless the box beside USED VEHICLE LIMITED WARRANTY APPLIES is marked below or we enter into a service contract with you at the time of, or within 90 days of, the date of this transaction. All warranties, if any, by a manufacturer or supplier other than our Dealership are theirs, not ours, and only such manufacturer or other supplier shall be liable for performance under such warranties. We neither assume nor authorize any other person to assume for us any liability in connection with the sale of the Vehicle and the related goods and services. CONTRACTUAL DISCLOSURE STATEMENT (USED VEHICLES ONLY) The information you see on the window form for this Vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. Traducción española: Vea el dorso. <input type="checkbox"/> USED VEHICLE LIMITED WARRANTY APPLIES. We are providing the attached Used Vehicle Limited Warranty in connection with this transaction. Any implied warranties are limited in duration to the term of the Limited Warranty.				CASH PRICE OF VEHICLE	\$31,400.00
				Vendors Single Interest (VSI)	\$0.00
				Service Contract	\$0.00
				Pre-Delivery Service Charge *	\$0.00
				Dealer Fee / Loan Processing Fee	\$0.00
				Credit Life/Disability, Property Ins	\$0.00
				GAP	\$0.00
				N/A	\$0.00
TRADE-IN VEHICLE INFORMATION					
Year:	Make:	Model:	Color:	TOTAL SELLING PRICE	\$31,400.00
VIN/Serial No:				LESS: TRADE-IN ALLOWANCE	\$0.00
Odometer Reading: <input type="checkbox"/> Not Accurate					
Trade-In Allowance: \$0.00		Balance Owed & Lienholder: \$0.00			\$0.00
<input type="checkbox"/> IF THIS BOX IS MARKED, THE BALANCE OWED TO THE LIENHOLDER ON YOUR TRADE-IN VEHICLE IS ONLY AN ESTIMATE. WE HAVE NOT BEEN ABLE TO CONFIRM THE EXACT PAYOFF AMOUNT AS OF THE DATE OF THIS AGREEMENT. PLEASE READ THE PARAGRAPH TITLED "BALANCE OWED ON TRADE-IN VEHICLE" ON THE REVERSE SIDE BEFORE YOU SIGN BELOW.				<input type="checkbox"/> BATTERY FEE/ <input type="checkbox"/> TIRE FEE	\$0.00
X _____ X _____				SUBTOTAL	\$31,400.00
<input type="checkbox"/> OPTIONAL ACCESSORIES/SERVICES: You have elected to purchase optional accessories and/or services. The purchase of these accessories/services is not required by Dealer.		*PREDELIVERY SERVICE CHARGE: This charge represents costs and profits to the Dealer for items such as inspecting, cleaning and adjusting vehicles and preparing documents related to the sale.		SALES TAX @ 0.00% County Tax 0.00%	\$0.00
<input type="checkbox"/> DEPOSIT/ <input checked="" type="checkbox"/> PARTIAL PAYMENT: The sum of \$ 31,400.00 was received from you as a Deposit/Partial Payment. It is not refundable, except as set forth in this Agreement. In the case of a Deposit, we will refrain from selling the vehicle for _____ days. X _____				SURTAX (Documentary Stamp Tax)	\$0.00
				REGISTRATION AND TITLING FEES	\$0.00
				TEMP TAG FEE	\$0.00
				PLUS: BALANCE OWED ON TRADE-IN	\$0.00
OTHER MATERIAL UNDERSTANDINGS AND INTEGRATED DOCUMENTS					
<input type="checkbox"/> IF BOX IS MARKED, PLEASE SEE ATTACHED DELIVERY CONFIRMATION.				TOTAL AMOUNT DUE	\$31,400.00
<input type="checkbox"/> IF BOX IS MARKED, PLEASE SEE ATTACHED SPOT DELIVERY AGREEMENT (Seller's Right to Cancel).				DEPOSIT/PARTIAL PAYMENT	\$31,400.00
				CASH BACK (to customer)	\$0.00
				UNPAID BALANCE DUE	\$0.00

The front and back of this Agreement and any documents which are a part of this transaction or incorporated herein comprise the entire agreement affecting this Retail Purchase Agreement and no other agreement or understanding of any nature concerning the same has been made or entered into, or will be recognized. I have read and accept the terms and conditions of this Agreement, including the terms and conditions that appear on the reverse side, and agree to them as if they were printed above my signature. I further acknowledge receipt of a copy of this Agreement. This Agreement shall not become binding until signed and accepted by an Authorized Dealership Representative.

[Signature]
 Purchaser: RENZENBERGER INC

[Signature]
 Accepted by Authorized Dealership Representative

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0825752

Entity Name: RENZENBERGER, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW Wanamaker Drive Suite 204, TOPEKA, KS 66614

was filed in this office on September 12, 1983, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 12, 2014

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 622390 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



Application to Sec. of State
for Certificate of Authority

November 18, 2014

Washington Secretary of State
801 Capitol Way S,
Olympia, Washington, 98504

By Federal Express Overnight

Dear Washington Secretary of State

Re: Application for Renzenberger Certificate of Authority

Enclosed please find an application for Renzenberger Inc to operate in the state of Washington, and a check for the \$180 fee. Please let me know if you need additional information.

Sincerely,

Char Duffy,
Risk Manager
Direct: 913-890-6216
Office: 800-878-0450
cduffy@renzenberger.com



Office of the Secretary of State
Corporations & Charities Division

Foreign Profit Corporation

See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

UBI Number:

CERTIFICATE OF AUTHORITY

Chapter 23B.15 RCW

SECTION 1

NAME OF CORPORATION:

Renzenberger, Inc

(Must contain one of the following corporate designations: Corporation, Incorporated, Limited or Company, or an abbreviation Corp., Inc., Ltd., or Co. – See instructions page for use of names)

NAME TO BE USED IN WASHINGTON STATE: (If different than above, resolution must be attached)

Renzenberger, Inc

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY INCORPORATED: Kansas

DATE OF ORIGINAL INCORPORATION: September 12, 1983

(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached)

SECTION 3

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 14325 W 95 St City Lenexa State/Country KS Zip 66215

PO Box _____ City _____ State/Country _____ Zip _____

SECTION 4

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY: (Please check one of the following)

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State)*

SECTION 5

TENURE: (Please check one of the following and indicate the date if applicable)

- Perpetual existence
- Specific term of existence _____ (Number of years or date of termination)

SECTION 6

DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE: December 1, 2014

SECTION 7

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: C T Corporation System

Physical Location Address (required):

505 Union Ave. SE, Suite 120

City: Olympia, WA **Zip Code:** 98501

Mailing or Postal Address (optional):

City: _____ **WA Zip Code:** _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

x See attached Consent to serve
Signature of Registered Agent Printed Name Date

SECTION 8

NAME AND ADDRESS OF EACH DIRECTOR AND OFFICER:

(If necessary, attach additional names and addresses) - attached

Name: Anton G. Plut **Title:** President

Address: 14325 W 95 St,

City: Lenexa, **State:** KS **Zip Code:** 66215

Name: A. Andrew Levison **Title:** V. President/Treasurer

Address: 14325 W 95 St,

City: Lenexa, **State:** KS **Zip Code:** 66215

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X [Signature] TONY PLUT, PRESIDENT NOV 17/14 913-890-6105
Signature of Officer or Chairman Printed Name/Title Date Phone Number

Notice: The Washington Secretary of State will be appointed the agent of the foreign limited liability company for service of process under the circumstances set forth in RCW 23B.15.200

INSTRUCTIONS – FOREIGN PROFIT CORPORATION CERTIFICATE OF AUTHORITY

Please complete all sections of the Certificate of Authority. **USE DARK INK ONLY.** For an electronic, fillable version of this form, or to **FILE ONLINE** please visit our website at <http://www.sos.wa.gov/corps/>

Section 1:

Enter the name of the corporation as recorded in the state/country of incorporation. Use of an alternate name requires a resolution by the board of directors certified by its secretary. In accordance with RCW 23B.15.060 a corporate name must contain one of the following words: **Corporation, Incorporated, Limited or Company** or the abbreviation: **Corp., Inc., Ltd. or Co.** A corporate name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office. Use of the word "Bank" or "Trust" must be approved prior to filing. It is advised that you contact the Secretary of State (360-725-0377) to check for name availability before filing.

Section 2:

Enter the state/country and the date of the original incorporation. You must attach a Certificate of Existence or similar import issued no longer than 60 days before the date of this application. For more information please see RCW 23B.15.030(2) Copies of articles from other states do not satisfy the requirements of 23B.15.030 Certificate of Existence.

Section 3:

Enter the address of the corporation's principal place of business where records are maintained.

Section 4:

An effective date may be specified. The effective date can be up to 90 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State.

Section 5:

Perpetual (*ongoing until dissolved*) or list a specific date or a specific number of years.

Section 6:

List the date the corporation began conducting business in Washington State. If business began prior to this filing please contact our office for additional fee information at 360-725-0377.

Section 7:

All corporations must have a registered agent in Washington State. The registered agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where personal service of process may be made. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as Registered Agent.**

Section 8:

List the full name and address of each Director and Officer. Only one Officer or Chairman's signature is required.

Additional Information:

You may attach any optional provisions to these articles (*please do not attach bylaws or minutes, these items are not filed with this office*).

FEES: The filing fee for Certificate of Authority is \$180.00. If expedited service is requested, include an additional \$50.00 per submission and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **(ALL fees are non-refundable)**

Mail completed forms and payment to:

Secretary of State
Corporations Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.

SECRETARY OF STATE

November 12, 2014

Check No 292021

Document No.	Document Date	Description	Amount	Discount	Net Amount
FEES	11/12/14	Invoice 312184	180.00	0.00	180.00

Vendor No. WASEST

Total

180.00

WARNING: ORIGINAL DOCUMENT HAS A VOID PANTOGRAPH.

RENZENBERGER, INC.
P.O. BOX 14610 913-631-0450
Lenexa, KS 66285

BMO HARRIS BANK N.A.
ROSELLE, ILLINOIS
70-1558719

292021

Pay ***** ONE HUNDRED EIGHTY AND 0/100

DATE	AMOUNT
November 12, 2014	*****180.00
Void After 180 Days	

TO THE ORDER OF:
SECRETARY OF STATE
CORPORATIONS DIVISION
801 CAPITOL WAY S PO BOX 40234
OLYMPIA, WA 98504-0234

Steve Henking

AUTHORIZED SIGNATURE
TWO SIGNATURES REQUIRED IF OVER \$5000

⑈ 292021 ⑆ ⑆ 071915580 ⑆ ⑆ 043864824 ⑆

CONSENT TO SERVE AS REGISTERED AGENT

C T Corporation System hereby consents to serve as Registered Agent, in the State of Washington, for the following:

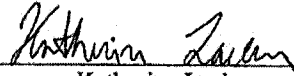
Renzenberger, Inc.

C T Corporation System understands that as agent it will be its responsibility to receive service of process: to forward all mail and immediately notify the office of the Secretary of State in the event of its resignation or of any changes in the Registered Office address.

Dated: 11/12/2014

C T CORPORATION SYSTEM

By



Katherine Lackey,
Assistant Secretary



November 18, 2014

Washington Utilities and Transportation Commission
1300 S Evergreen Park D,
Olympia, Washington, 98504

By email to: transportation@utc.wa.gov

Dear Washington Utilities and Transportation Commission

Re: Application for Passenger Charter and Excursion Carrier Services

Renzenberger is respectfully submitting an application for Passenger Charter and Excursion Carrier Services. Renzenberger is an interstate carrier (DOT # 210768) who will be transporting railroad employees and their baggage over irregular routes throughout the state of Washington. Please find attached:

- Application for Charter and Excursion Carrier Services Certificate.
(Type of Payment form is included with credit card information.)
- A copy of Form E, Certificate of Insurance, sent by ACE to Washington Utilities and Transportation Commission.
- Vehicle record and registration of Van # 7001, a 2013 GMC Yukon VIN # 1GKS2KE79DR288580, Kansas Tag 619697, submitted as an example of the type of equipment we will be running in the state. We do not yet have our equipment identified but will add those vehicles as soon as we have them.
- A copy of Renzenberger's registration with Washington Department of Revenue (UBI #603443013)
- A copy of the application for certificate of authority submitted to the Washington Secretary of State on 11/18/2014.

Please let me know if there is any additional information you need from me at this time.

Sincerely,

Char Duffy,
Risk Manager
Direct: 913-890-6216
cduffy@renzenberger.com

Leipski, Tina (UTC)

From: Char Duffy <Char.Duffy@renzenberger.com>
Sent: Tuesday, November 18, 2014 2:11 PM
To: UTC DL Transportation
Cc: Char Duffy
Subject: Renzenberger Application for Passenger Charter and Excursion Carrier Services
Attachments: Renz application for passenger charter certificate.pdf

Please see enclosed application for Passenger Charter and Excursion Carrier Services. Fee payment form for credit card payment is included. Please let me know if there is anything additional you require at this time.

Regards,

Char



Char Duffy
Renzenberger, Inc.
Risk Manager

"Where Safety is First!"

14325 W 95 St, Lenexa, KS 66215

Office: 913-890-6216

Cell: 913-669-6722

cduffy@renzenberger.com

This message may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient (or not authorized to act on behalf of the intended recipient) of this message, please do not disclose, forward, distribute, copy or use this message or its contents. If you have received this communication in error, please notify us immediately by return e-mail and delete the original from your e-mail system.